

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4532 STATE FILE NUMBER 63-032159

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED
8-15-63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
Floral Hills

ITEM NO. SHOULD READ
23c Memorial Park

BY AFFIDAVIT OF Funeral Director DOCUMENT

| | | | |
|--|----------------------------------|--|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u> | | c. CITY OR TOWN <u>Kansas City</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) <u>1210 Broadway</u> | | d. STREET ADDRESS (If outside, give location) <u>1210 Broadway</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>MARVIN</u> Middle <u>E</u> Last <u>BROWN</u> | | 4. DATE OF DEATH Month <u>August</u> Day <u>12</u> Year <u>1963</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>7-25-1907</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk - Hotel</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Clinton, Missouri</u> | |
| 13a. FATHER'S NAME <u>Harrison A. Brown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Maude Wilcoxon</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 17. INFORMANT <u>Mr. George L. Brown 2901 E. 77th Terr.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Abdominal hemorrhage</u> DUE TO (b) <u>Ruptured descending aorta</u> DUE TO (c) <u>aneurysm</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20c. TIME OF INJURY Hour <u>5</u> a.m. <u>12</u> p.m. | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION <u>Floral Hills Cemetery</u> | | COUNTY <u>Kansas City, Missouri</u> STATE <u>Missouri</u> | |
| 21. I attended the deceased from _____, to _____ and last saw him alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Hugh H. Owens, Coroner</u> | | 22b. ADDRESS <u>157 Union Station</u> | |
| 23a. BURIAL CREATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>8-16-63</u> | |
| 24. FUNERAL DIRECTOR <u>Mellody-McGilley-Eylar</u> | | 25. DATE RECD. BY LOCAL REG. <u>8-14-63</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Arthur Long</u> | | 27. DATE SIGNED <u>8-19-63</u> | |

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Hayden A. Dickman

Licensed Embalmer No. 5120

P. O. Address KC. 11, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.